

# Exhibit B

## Accident Procedures Form

In the event of an accident, please make a police report if the accident involves injury to any persons or damage to any vehicles or other property. Do not discuss the accident or provide information to any unauthorized individuals, admit guilt or fault to anyone at the scene of the accident, or sign any statements.

As soon as practicable, please notify Loyola's Risk Management Department by completing this form and sending it by email to [riskmanagement@luc.edu](mailto:riskmanagement@luc.edu) along with a copy of the police report and any photos.

Date of Accident:

Accident Location:

Accident Description (Include names of all persons involved and a detailed description of what happened):

### **Your Vehicle Information:**

Driver's Name:

Date of Birth:

Driver's Address:

Driver's License # and State:

Vehicle License Plate #:

Phone Number:

### **Information About the Other Vehicles** (For additional vehicles, please use a separate page.):

Owner's Name & Address:

Driver's Name

Date of Birth:

Driver's Address:

Driver's License # and State:

Phone Number:

### **Witnesses:**

Name:

Phone #:

Name:

Phone #:

Name:

Phone #: